

**UTILITY PATENT APPLICATION  
TRANSMITTAL UNDER 37 CFR 1.53(b)**

**ATTORNEY DOCKET 1111F-P**

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

Express Mail Label No. **EV 186040378 US**

Date: **10/23/03**

**COMPUTER USER POSTURE DEVICE**

First Named Inventor (or Application Identifier):

Nicholas M. DiBella

Enclosed are:

1. ☒ Specification
2. ☐ Sheet(s) of drawing(s)
3. ☒ Information Disclosure Statement Under 37 CFR 1.97.
4. Combined Declaration for Patent Application and Power of Attorney:
  - 4a. ☒ New
  - 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed))
5. ☐ Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
6. ☐ Assignment of the invention to
7. ☐ Certified copy of a priority
8. ☐ Associate Power of Attorney
9. ☐ Deletion of Inventor(s). Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:  
--CROSS REFERENCE TO RELATED APPLICATION  
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

11. ☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 10/109,789 filed 04/01/2002.
12. ☒ Please address all written communications to Frank Pincelli,  
145 Red Cedar Drive, Rochester, New York 14616.  
Please Direct all telephone calls to Frank Pincelli at 585-588-2768.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE SMALL ENTITY STATUS				\$ 385
TOTAL CLAIMS	16 - 20 =	0	x 9 =	\$ 0
INDEPENDENT CLAIMS	3 - 3 =	0	x 42 =	\$ 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+ 280	\$ 0
			<b>TOTAL</b>	<b>\$ 385</b>

☒ Enclosed is a check in the amount of

**\$ 385**

☐ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Deposit Account No,

**A duplicate copy of this sheet is enclosed.**

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102303

16085 U.S. PTO

17548 U.S. PTO  
10/692048

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